

## **CHILDREN WITH SPECIAL NEEDS IN RITE CARE RELEVANT POLICY SECTIONS**

### **0348.10        RITE CARE COVERAGE GROUPS**

REV:10/2005

The Rite Care population consists of eligible groups representing a consolidation of various Title XIX aid categories and State Funded aid categories. Qualification for the program is based on a combination of factors including: family composition, income, health insurance status, age, child care provider status, and/or pregnancy status, depending on the aid category.

#### **0348.10.05        Title XIX Groups**

REV:09/2003

REV: 10/2006

Rite Care provides coverage through Health Maintenance Organizations (HMOs) for the following populations eligible under the Title XIX program:

- SECTION 1931 FAMILIES (INCLUDING FAMILY INDEPENDENCE PROGRAM CASH RECIPIENTS) AND OTHER MEDICAL ASSISTANCE FAMILIES WITH THE EXCEPTION OF MEDICALLY NEEDY FLEX-TEST CASES

See RI Department of Human Services Manual, Section 0800, et seq. (Family Independence Program cash recipients). See Section 0348.05.10 for a listing of who is included in Medical Assistance Only Families and Section 0300 et seq. (Medical Assistance Only Family recipients) for definitions and eligibility criteria.

- FAMILIES WITH CHILDREN UNDER THE AGE OF EIGHTEEN (18) -FAMILY WAIVER GROUP

This group consists of families with income greater than one hundred ten percent (110%) of FPL and less than or equal to one hundred eighty-five percent (185%) of FPL who meet all other requirements for Section 1931 eligibility. These families receive the full scope of categorically needy services.

- CHILDREN UNDER AGE NINETEEN (19)

Children, including children in foster care, under nineteen (19) years of age residing in households with countable income not exceeding two hundred fifty percent (250%) of the FPL.

- NON IV-E FOSTER CHILDREN UNDER AGE TWENTY-ONE (21)

Children in foster family care (as defined in Section 0342.75 and 0342.80) who are under the age of twenty-one (21) with countable income not exceeding two hundred fifty percent (250%) of the FPL.

- IV-E FOSTER CHILDREN AND CHILDREN RECEIVING ADOPTION SUBSIDY (Section 0342.70)

Enrollment of children receiving Adoption Subsidy in Rite Care managed care is subject to approval from the US Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS).

Eligible members of these coverage groups who are covered by employer-sponsored or other third party health insurance, may receive Medical Assistance on a fee-for-service basis, rather than through enrollment in a RItE Care Health Plan.

- NON IV-E ADOPTION SUBSIDY CHILDREN WHO ARE UNDER AGE TWENTY-ONE (21) (Section 0342.85)

This coverage group's enrollment in RItE Care managed care is subject to approval from the US Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS).

Eligible members of these coverage groups who are covered by employer-sponsored or other third party health insurance, may receive Medical Assistance on a fee-for-service basis, rather than through enrollment in a RItE Care Health Plan.

- SSI RECIPIENTS UNDER AGE TWENTY-ONE (21) (Section 0370.05)

This coverage group's enrollment in RItE Care managed care is subject to approval from the US Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS).

Eligible members of these coverage groups who are covered by employer-sponsored or other third party health insurance, may receive Medical Assistance on a fee-for-service basis, rather than through enrollment in a RItE Care Health Plan.

- DISABLED CHILDREN - KATIE BECKETT COVERAGE (Section 0370.20 and 0394.35)

Children under age eighteen (18) who: are living at home; require a hospital, nursing home or ICF-MR level of care; and would qualify for Medical Assistance if in a medical institution.

This coverage group's enrollment in RItE Care managed care is subject to approval from the US Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS).

Eligible members of these coverage groups who are covered by employer-sponsored or other third party health insurance, may receive Medical Assistance on a fee-for-service basis, rather than through enrollment in a RItE Care Health Plan.

- SSI RECIPIENTS OVER AGE TWENTY-ONE (21)

Individuals in the SSI eligible group who are enrolled in RItE Care managed care may continue enrollment in a RItE Care health plan when they turn twenty-one (21) years of age until such time as SSI eligibility is discontinued.

This coverage group's enrollment in RItE Care managed care is subject to approval from the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS).

Eligible members of this coverage group, who are covered by employer-sponsored or other third party health insurance, may receive Medical Assistance on a fee-for-service basis, rather than through enrollment in a RItE Care Health Plan.

- PREGNANT WOMEN

Pregnant women with countable income not exceeding two hundred fifty percent (250%) of the FPL.

- **EXTENDED FAMILY PLANNING GROUP**

Individuals in this RItE Care waiver group are entitled to a limited scope of services rather than comprehensive benefits. This waiver group consists of women who meet the following conditions:

- Have countable income above the Medically Needy income limit;
- Have qualified through Medical Assistance Only Family (MAOF) status, or have Pregnant Women with countable income not exceeding two hundred fifty percent (250%) of FPL status;
- Were pregnant and are now sixty (60) days postpartum or sixty (60) days post-loss of pregnancy; and,
- Are subject to losing eligibility for Medical Assistance.

Medically Needy flex-test cases are included in the RItE Care Program but receive services in the fee-for-service system. The income deeming methodology permitted by the waiver is applied to new Medically Needy flex-test applicants.

With the exception of Katie Beckett children, long term care coverage groups (Section 0394) are not included in the RItE Care Program.

#### **0348.75.05.20 Automatic Assignment into Health Plan**

REV:09/2003

The State employs a formula, or algorithm, to assign to health plans all Rite Care eligibles that do not make a voluntary selection, except for children with special needs (i.e., individuals eligible under Katie Beckett, Adoption Subsidy, or SSI children. (An algorithm is a formula that fairly distributes Rite Care eligibles who do not choose an HMO.)

When a family does not voluntarily select a health plan for a child with special needs who is receiving MA under Katie Beckett, Adoption Subsidy, or SSI coverage group, the child is auto-assigned to a health plan as follows:

- First, if the child has a sibling or parent who is enrolled in a Rite Care Health Plan, the child is assigned to the same health plan.
- Next, if the child was previously enrolled in a Rite Care Health Plan, the child is reassigned to that plan, if available.
- Finally, if auto-assignment cannot be made based on current family enrollment or previous enrollment in Rite Care, the child is assigned to the most appropriate Rite Care Health Plan available.

Eligible individuals, who have been auto-assigned to a Rite Care health plan due to their failure to make an independent selection, may be re-assigned to a different Rite Care health plan of their choice, if their written request for reassignment and choice of plan is received by the DHS Center for Child and Family Health (CCFH) within ninety (90) days of the auto-assignment and the plan selected is open to new members.

Eligible individual, who wish to challenge an auto-assignment decision more than ninety (90) days after enrollment in the health plan must submit a written request to CCFH and show good cause, as provided in Section 0348.75.20, for reassignment to another plan. A written decision must be rendered by CCFH within ten (10) days of receiving the written request and is subject to appeal.